#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

#### RECEIVED

Page 1 of 17

2019 OCT This Bace Pot fficial U. 5 ly

COVER PAGEOWN AND CITY CLERK

1. NAME OF COMMITTEE			BRISTUE, C	7	
Greg Hahn for City Council					
2. TREASURER NAME					
First Maureen	MI Last Rao			Suffix	
3. TREASURER ADDRESS					
Street Address 233 Woodland St.			ity Pristol	State CT	Zip Code 06010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete o	nly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/05/2019	City Council				(if applicable) 1
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)			
First Greg		MI	Last Hahn		Suffix
8. TYPE OF REPORT (Check One Box)					
O January 10 filing	7th day preced	ling primary	7th day preceding referendum	Initial Con	ntribution or Disbursement
April 10 filing	30 days follow	ving primary	45 days following referendum	Amendme	
July 10 filing	7th day preced	ling election	<b>O</b> Deficit	Type of Re	
October 10 filing	12th day prece		Termination	· · · · · · · · · · · · · · · · · · ·	
24 Hour Independent Expenditure Primary Election	O45 days follow not held in No	ving election			
9. PERIOD COVERED					
	Beginning Dat	te	Ending Date		
	7/1/2019		thru 9/30/2019		
10. CERTIFICATION					
I hereby certify and state, under p  Disclosure Statement for the pe		rue, accurat Ma	aureen Rao	his <b>Itemized C</b> a	ampaign Finance
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PK	RINT NAME OF SIGNER		DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

#### SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
<ol> <li>Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees</li> </ol>		
12. Balance on hand at the beginning of Reporting Period	327.70	
13. Contributions Received from Individuals (Sections A and B)	4345.00	4690.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	200.00	200.00
6a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
6b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
6c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
7. Total Monetary Receipts (add totals for Lines 13 through 16c)	4545.00	4640.00
8. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	4872.70	469000
9. Expenses Paid by Committee (Section P)	3219.50	3236.82
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1653.20	1453.20
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
2. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
3. In-Kind Contributions Received (Section M)	0.00	0.00
4. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	
6. Campaign Expenses Paid by Candidate (Section Q)	774.90	0.00
7. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	9.95	
8a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	784.85	O D
		7530320action 807020ac

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Greg Hahn for City Council				Oct 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$0.00			
	B. Itemized Con	ıtribu	tions from Indivi	duals			
Last Name Harlow		First Ric	t :hard			MI J	
Residential Street Address		City			State	Zip Code	
31 Peppermint Lane		Bristol			CT	06010	
Principal Occupation Project Engineer			Name of Employer Pratt & Whitney				
or dependent child of a lobbyist? • No does	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	o a cand is associ	lidate for a chief executive ated with have a contract  OYes  ONo	e officer of a municipality with said municipality	y, Amo	ount of Contribution	
	Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or br	tractor or prospective state	e contractor? Yes No Legislative			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction		Date Received 7/1/2019	Aggregate Contributions 20.00			
Last Name		First				MI	
Ragaini		The	omas			J	
Residential Street Address 651 Lake Ave., Unit 30	`	City Bristol			State CT	Zip Code	
Principal Occupation		<del></del>	Name of Employer		Ci	06010	
Retired			Retired				
or dependent child of a lobbyist? ONO does	ntribution is in excess of \$400 to contributor or business he/she is at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ch or br	ranches	e contractor? Yes No Legislative	_		
Method of Contribution:		- 1	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card C	Payroll Deduction (Money C	Order First	7/1/2019	30.00			
Hahn		1	nrilyn			МІ	
Residential Street Address		City			State	Zip Code	
115 Birchwood Dr. Apt G		Bristol	···		СТ	06010	
Principal Occupation			Name of Employer				
n/a	nteikution in in co£6400 /		n/a	- CC C - · · · · · · · · · · · · ·			
or dependent child of a lobbyist? On loes	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?				7, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution:  OCash Personal Check Credit/Debit Card C	Payroll Deduction  Money		Date Received 7/1/2019	Aggregate Contributions 20.00			
Colonia Caracter Colonia Scott Caracter			Section B — This				
TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)							

#### Section B ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory)		TYPE OF REPORT	\$ 22	
Greg Hahn for City Council			not 10	6.1	Sna
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY STOTAL SECTION A	\$0	) ((	119
B. Itemized	Contri	ibutions from Indivi	idnals	3583	
Last Name		First	(u uui)		MI
King	.	Anne			
Residential Street Address	City			State	Zip Code
165 Birchwood Trail	Bris	stol		СТ	06010
Principal Occupation		Name of Employer			1
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business h valued at more than \$5,000?	\$400 to a called	candidate for a chief executive sociated with have a contract OYes ONo	re officer of a municipality	/, Amor	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which of government the co	h branch o		te contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Aoney Orde	er 7/1/2019	20.00		
Last Name	1	First			MI
Burkholder	1	Thomas			R
Residential Street Address	City			State	Zip Code
70 Old Farm Rd	Bris	itol		СТ	06010
Principal Occupation		Name of Employer			
Professor		CCSU			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor is in excess of \$\frac{9}{2}\$ does contributor or business he valued at more than \$\frac{5}{2},000?	\$400 to a ca e/she is ass	andidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	40.00	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which of government the co	h branch of		te contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Orde	er 7/1/2019	60.00		
Last Name	F	First			MI
Kozikowski		David			
Residential Street Address	City			State	Zip Code
50 Anderson Ave	Brist	tol		СТ	06010
Principal Occupation Sales		Name of Employer SST			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he valued at more than \$5,000?	\$400 to a ca e/she is asso	andidate for a chief executive cociated with have a contract Yes No	e officer of a municipality, with said municipality	40.00	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:		Date Received	Aggregate Contributions	†	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	loney Order	r 7/1/2019	40.00		
SU	U <b>BTO</b> T.	AL Section B — This	Page 100.00		
ТОТ	TAL of a	additional Section B P	'ages		
TOTAL OF ALL CONTRIBUTIONS FF (Enter total on L		DIVIDUALS (Sections A Jolumn A of Summary Page T			

### Section B ADDITIONAL PAGE 3 a of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	3112	9		
Greg Hahn for City Council				notio	9.10	N	Q
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)			eriod ONLY L SECTION A	\$0.00	<u> </u>		J
B. Itemized	l Contr	ibution	ns from Indivi	dnale	8 3 1	高層	
Last Name	I CULL	First	IS IT UIII III III	uuais	51.5		MI
Senetcen		Lynne	tte				R
Residential Street Address	City	<u> </u>			State	Zip	Code
50 South Eagle St	Bri	istol			СТ	1 -	010
Principal Occupation	L	Name	e of Employer				
RN		Bris	tol Hospital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes ONO Ves Valued at more than \$5,000?					y, <b>Am</b> o		of Contribution
Is this contribution associated with an event reported in Section L1?  Yes list Event #  Yes Is contributor a principal If yes, indicate which of government the co	h branch	or branch	or or prospective stat	O No	_	U	
Method of Contribution:	Omacis		Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Ord		/2019	50.00			
Last Name	vione,	First	, =	30.00			МІ
Coan	,	Amy					D
Residential Street Address	City				Ctoto	Tzin (	<u> </u>
331 Main St.	1 "	istol			State CT	1 -	Code 010
Principal Occupation		Name	of Employer			<u> </u>	
Teacher		E. C	atholic H.S.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of the contribution of the contribution of the contribution of the contribution is in excess of the contribution of the contribution is in excess of the contribution of the contribution is in excess of the contribution of the contribution is in excess of the contribution of the contribution is in excess of the contribution of the contribution is in excess of the contribution o	\$400 to a de/she is as	ssociated v	for a chief executive with have a contract Yes No	e officer of a municipality with said municipality	/, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes No Is contributor a principal If yes, indicate which of government the co	h branch	or branch	or or prospective stat	e contractor? Yes No Legislative		U	
Method of Contribution:	- CHILLIAN TO			Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Aoney Ord	1	/2019	30.00			
Last Name		First					MI
Pelkey		Peter					. –
Residential Street Address	City	L			State	Zip (	 Code
353 Perkins St	Bri	stol			СТ	1 -	010
Principal Occupation		Name	of Employer				
n/a		n/a					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he valued at more than \$5,000?	\$400 to a de/she is as	ssociated v	for a chief executive with have a contract Yes No	e officer of a municipality with said municipality	/, <b>Amo</b>		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of No No No No Section L1?  If yes, indicate which of government the co	h branch o	or branch	es	e contractor?  Yes No Legislative			
Method of Contribution:			Received	Aggregate Contributions			
OCash Personal Check Credit/Debit Card Payroll Deduction OM	Money Ord	ler 7/1/	/2019	40.00			
SI	<b>UBTO</b> Т	ΓAL Seα	ction B — This	Page 120.00			
TO	TAL of	additio	nal Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FE	5 5						
			of Summary Page				

## Section B ADDITIONAL PAGE of 2



MAME OF COMPUTER OF A CO.	2/19/19/19				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	$\overline{}$	
Greg Hahn for City Council			OCT 10	71	MG
A. Total Contributions from Small Contributors-Rece			\$0.00		)
(See instructions for definition of Small Contributor)	SUBTO	OTAL SECTION A	<b>\$ 0.00</b>		
B. Itemized C	ontrib	utions from Indivi	duale		Section 1
Last Name	Fir		uuais		MI
Bartok	La	aura			
Residential Street Address	City			State	Zip Code
140 Carriage Rd	Bristo	ol		СТ	06010
Principal Occupation		Name of Employer		<u> </u>	
Caucus Employee		State of CT			
Is contributor a lobbyist, spouse,  Or dependent shill of a labbridge and the labbri	00 to a can	didate for a chief executiv	e officer of a municipality	y, Amo	ount of Contribution
or dependent child of a lobbyist?	ne is assoc	ciated with have a contract  OYes  ONo	with said municipality	20.0	0
Is this contribution associated with an Yes Is contributor a principal of	a state cor	ntractor or prospective stat		7	
event reported in Section L1? No If yes, indicate which brof government the control of government the government the control of government the control of government the control of government the control of government the government that government the government the government that governmen			OLegislative No		
Method of Contribution:	***************************************	Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	7/1/2019	20.00		
Last Name	Firs	st			MI
Wilson	Ch	nristopher			C
Residential Street Address	City			State	Zip Code
71 Perkins St.	Bristo	·I		СТ	06010
Principal Occupation		Name of Employer		<u> </u>	
Insurance Agent		CV Mason			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a cand e is associ	didate for a chief executive iated with have a contract  Yes  No	e officer of a municipality with said municipality	50.0	unt of Contribution
Is this contribution associated with an Yes Is contributor a principal of	a state cor		e contractor? OYes	7 30.0	O
event reported in Section L1? No If yes, indicate which by of government the contraction of government the contraction.			O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	7/1/2019	50.00		
Last Name	Firs	st			MI
Bartok	Jo	seph			M
Residential Street Address	City			State	Zip Code
140 Carriage Rd	Bristo			CT	06010
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?	0 to a cand e is associ	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	, <b>Amo</b>	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which be of government the contributor a principal of a government the contributor.	anch or bi	ranches	e contractor?  OYes ONo  Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Order	7/1/2019	50.00		
SUB	TOTAI	L Section B — This	Page 120.00		
TOTA	L of ad	ditional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		VIDUALS (Sections A mn A of Summary Page 7			

## Section B ADDITIONAL PAGE 3 4 of ?

NAME OF COMMITTEE (Provide Complete Name as Reg	cictored with Filter Province	<b></b>		
Greg Hahn for City Council	gisierea wun Fuing Repository)		TYPE OF REPORT	
			SO+10	Siling .
A. Total Contributions from Small ( (See instructions for definition of Small Contrib.)			\$0.00	)
See that actions for definition of small Contrib	utor) St	UBTOTAL SECTION A		
	<u> </u>			
	B. Itemized Con	tributions from Indiv	iduals	
Last Name		First		MI
Stebbins		Patricia		
Residential Street Address 37 Pleasant St		ity		State Zip Code
Principal Occupation		Bristol		CT 06010
n/a		Name of Employer		
				_
or dependent child of a lobbyist?  No does co	tribution is in excess of \$400 to contributor or business he/she is	a candidate for a chief executive associated with have a contract	e officer of a municipality with said municipality	Amount of Contribution
valued	d at more than \$5,000?	OYes ONo		25.00
event reported in Section L1? No	s contributor a principal of a sta <i>If yes</i> , indicate which brancl	h or branches	_ No	
If yes, list Event #	of government the contract i		Legislative	_
OCash OPersonal Check OCredit/Debit Card OF	Payroll Deduction OMoney O	Date Received Order 7/1/2019	Aggregate Contributions 25	
Last Name	ayron beddenon Swinney O	First	23	
Zoppo-Sassu		Ellen		MI
Residential Street Address	Cit			State Zip Code
58 Merriman St	l l	ristol		CT 06010
Principal Occupation		Name of Employer		
Mayor		City of Bristol		
Is contributor a lobbyist, spouse, Yes If contr	ribution is in excess of \$400 to	a candidate for a chief executiv	e officer of a municipality	Amount of Contribution
or dependent child of a lobbyist? • No does co	ontributor or business he/she is a at more than \$5,000?	associated with have a contract  Yes  No	with said municipality	
Is this contribution associated with an Yes Is	s contributor a principal of a sta	<u>~</u>	te contractor? OYes	50.00
event reported in Section L1? No  If yes, list Event #	If yes, indicate which branch of government the contract i	h or branches	<b>⊘</b> No	
Method of Contribution:	of government the contract i	Date Received	Legislative Aggregate Contributions	4
Cash Personal Check Credit/Debit Card P	Payroll Deduction	rder 7/1/2019	50.00	
Last Name		First		MI
Monahan		Derek		S.
Residential Street Address	Cit	•		State Zip Code
207 Goodwin St	Ві	ristol		CT 06010
Principal Occupation		Name of Employer		
Musician	·	Self		
or dependent child of a lobbyist? • No   does co	ribution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution 25.00
s this contribution associated with an Yes Is	contributor a principal of a stat	te contractor or prospective stat	e contractor?	- 25.00
event reported in Section L1? No  If yes, list Event #	If yes, indicate which branch of government the contract is	or branches	O Legislative	
Method of Contribution:	of government the contract is	Date Received	Aggregate Contributions	4
Cash Personal Check Ocredit/Debit Card OP	ayroll Deduction OMoney Or		25.00	
	CHIDEO		Page 100.00	1
	SORIO	TAL Section B — This	Page 100.00	
	TOTAL o	f additional Section B P	ages	
TOTAL OF ALL CO	ONTRIBUTIONS FROM I	NDIVIDUALS (Sections A	(+ B)	
		Column A of Summary Page		

### Section B ADDITIONAL PAGE 5 of 3

NAME OF COMMITTEE (Provide Complete Name as Registered wi	th Filing Repository)	154		TYPE OF REPORT			
Greg Hahn for City Council				oct Daling			
A. Total Contributions from Small Contri				\$0.00	<u> </u>	"	
(See instructions for definition of Small Contributor)	S	SUBTO	OTAL SECTION A	<b>\$ 0.00</b>			
·							
$\mathbf{B}$	. Itemized Cor	atrib	utions from Indivi	duals	1111		
Last Name		Fir	st			MI	
Patton IV		M	orris			F.	
Residential Street Address	Ţ,	City			State	Zip Code	
49 Field St		Bristo	ol .		СТ	06010	
Principal Occupation			Name of Employer				
Underwriter			The Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution of the contr	or or business he/she i	o a can	didate for a chief executive stated with have a contract OYes ONo	e officer of a municipality with said municipality	, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an Yes Is contribu		tate cor	ntractor or prospective stat	e contractor? Yes	7 23.0		
	indicate which bran vernment the contract			O No			
Method of Contribution:	veriment the contract	t 15 WILL	Date Received	C Legislative Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card OPayroll D	eduction OMoney	Order	7/1/2019	25.00			
Last Name				23.00			
Preleski		First Da	avid			MI	
Residential Street Address	C	City			State	Zip Code	
193 Hollyberry Rd		Bristo	l		CT	06010	
Principal Occupation			Name of Employer		••		
Vitreo Pueler			Attorney				
Is contributor a lobbyist, spouse, Yes If contribution i	is in excess of \$400 to	o a can	I didate for a chief executive	e officer of a municipality	Amo	unt of Contribution	
or dependent child of a lobbyist?	r or business he/she is	s assoc	iated with have a contract  Yes  No	with said municipality	50.0		
	utor a principal of a s indicate which bran		ntractor or prospective stat	e contractor? Yes No	7		
	vernment the contract			O Legislative			
Method of Contribution:	_			Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll De	eduction OMoney (	Order	7/1/2019	50.00			
Last Name		Firs				MI	
Bartles		Tr	naddeus			W.	
Residential Street Address	1	City			State	Zip Code	
266 Scott Swamp Rd		Farmi	ngton		CT	06032	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is does contributor valued at more t	r or business he/she is	o a cano	lidate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	50.00	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Executive Legislative							
Method of Contribution:			Date Received	Aggregate Contributions	1		
Cash Personal Check Credit/Debit Card Payroll De	eduction OMoney (	Order	7/1/2019	50.00			
	SUBT	OTAI	L Section B — This	Page 125.00		-	
	TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIB (E			VIDUALS (Sections A mn A of Summary Page 1				

# Section B ADDITIONAL PAGE 6 of 34

NAME OF COMMITTEE (Provide Complete Name a	TYPE OF REPORT						
Greg Hahn for City Council				oct 10-3: 1.149			
A. Total Contributions from Sma (See instructions for definition of Small Contribution)			his Period ONLY OTAL SECTION A	\$0.00			
	B. Itemized Co.	ntrib	outions from Indivi	duals	F F F		
Last Name	D. Hemizea Co		irst	duais		MI	
Rosado		5	Scott			1911	
Residential Street Address		City			State	Zip Code	
472 Stafford Ave		Brist	:ol		СТ	06010	
Principal Occupation			Name of Employer		L		
Home Care			Mr. Home Care	,			
or dependent child of a lobbyist? • No   do	contribution is in excess of \$400 per contributor or business he/she alued at more than \$5,000?	to a ca	undidate for a chief executive ociated with have a contract  OYes  ONo	e officer of a municipality with said municipality	y, <b>Am</b>	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No  Yes	Is contributor a principal of a s  If yes, indicate which bran	ich or	ontractor or prospective state	O No	7 '00	.00	
	of government the contrac	t is wi			_		
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney	Order	7/1/2019	100.00			
Last Name		Fi	irst			MI	
Sampson		١٨	Лауга			l	
Residential Street Address		City			State	Zip Code	
371 Emmett St Unit 52		Briste	ol		СТ	06010	
Principal Occupation			Name of Employer				
Payroll Specialist			Bristol Hospital				
or dependent child of a lobbyist?    No do	contribution is in excess of \$400 t es contributor or business he/she lued at more than \$5,000?	o a car	ndidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality	, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or	branches	_ No	7 25.0	,,,	
Method of Contribution:	or government the contrac	t is wi		Legislative	-		
OCash OPersonal Check OCredit/Debit Card	OPavroll Deduction OMoney	Order	7/1/2019	Aggregate Contributions 25.00			
Last Name	<b>3</b> -1,1-1-1 (1111)		rst	23.00	<u> </u>		
Krell Jr			aul			MI	
Residential Street Address		City			State	Zip Code	
86 Vine Rd		Bristo	ol		СТ	06010	
Principal Occupation			Name of Employer				
Retired			Retired				
or dependent child of a lobbyist?   One of the property of the	contribution is in excess of \$400 t es contributor or business he/she i lued at more than \$5,000?	o a car s asso	ndidate for a chief executive ciated with have a contract of Yes No	e officer of a municipality with said municipality	, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #	ibution associated with an ed in Section L1?  Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes No If yes, indicate which branch or branches						
Method of Contribution:			<del> </del>	Aggregate Contributions	┪		
Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order	7/1/2019	100.00			
	SUBT	ОТА	L Section B — This	Page 225.00			
	TOTAL	of ac	dditional Section B P	ages			
TOTAL OF ALL	CONTRIBUTIONS FROM						
	(Enter total on Line 1.	3, Coli	umn A of Summary Page I	(otals)			

### Section B ADDITIONAL PAGE \* 7 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	g .		TYPE OF REPORT			
Greg Hahn for City Council			OCT 102. (1)19			
A. Total Contributions from Small Contributors-Receiv	ed th	is Period ONLY		J . v		
(See instructions for definition of Small Contributor)	\$0.00					
		,				
B. Itemized Co.	atrib	utions from Indivi	duals			
Last Name	Fir				MI	
Fortier	M	lary				
	City Bristo	\		State	Zip Code	
Principal Occupation	DIISLC			СТ	06010	
Attorney		Name of Employer St. of CT Judicial Br	anch			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can	adidate for a chief executive ciated with have a contract  OYes  No	e officer of a municipality with said municipality	y, <b>Am</b> o	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which bran of government the contract	ich or b	ntractor or prospective state	No No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/1/2019	100.00			
Last Name Schur	Fire				MI	
		ebra 			_   A	
	City <b>Bristo</b>	ol .		State CT	Zip Code 06010	
Principal Occupation		Name of Employer		<u> </u>	100010	
Office Manager		Brooks Oil Service				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a can	I didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or b	ntractor or prospective state	e contractor? Yes No Legislative	25.0	0	
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/1/2019	25.00			
Last Name Kilbourne	Firs			•	MI	
D 11 10 11		ean 			В	
	City Bristo	sl		State CT	Zip Code 06010	
Principal Occupation		Name of Employer			100010	
Attorney		Kilbourne & Tully				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or business he/she is valued at more than \$5,000?	o a cano	I didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which brand of government the contract	ch or b	ranches	e contractor? Yes ONo Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	7/1/2019	50.00			
SUBT	OTAI	L Section B — This	Page 175.00			
TOTAL	of ad	ditional Section B P	ages		· · · · · · · · · · · · · · · · · · ·	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:		VIDUALS (Sections A			· · · · · · · · · · · · · · · · · · ·	

## Section B ADDITIONAL PAGE of 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)			TYPE OF REPORT		1.63.85 5
Greg Hahn for City Council				Oct 11	, <del>Q</del> ,	ling
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$0.00	, <u></u> , .	
R Itomized	d Cont	rih.	tions from Indivi			
Last Name	i Conti	Firs		<u>uuais</u>	3.35	129
Kelley		Pe				В
Residential Street Address	City	v			State	Zip Code
44 Southdown Dr.	1 1	istol			CT	06010
Principal Occupation			Name of Employer		1	
Business Development Officer			First Bristol Federal	Credit Union		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business h valued at more than \$5,000?	\$400 to a he/she is a	a cand	idate for a chief executivated with have a contract	e officer of a municipalit with said municipality	y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes No If yes, list Event #  Yes No Is contributor a principal of government the contributor is principal of government the government of governmen	h branch	or br	ractor or prospective stat	<b>⊙</b> No		50
Method of Contribution:			Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Or		7/1/2019	25.00		
Last Name		First				MI
Ferraro		Joh	nn			F
Residential Street Address	City	,			State	Zip Code
124 Sherbrook Street	Bri	istol			СТ	06010
Principal Occupation		T	Name of Employer			
Retired		1	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{3}{2}\$ does contributor or business he valued at more than \$\frac{5}{2},000?	\$400 to a ne/she is as	candi	idate for a chief executive ited with have a contract  Yes  No	e officer of a municipality with said municipality	7, <b>Am</b> o	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which of government the co	h branch	or br	anches	e contractor?  Yes No Legislative		
Method of Contribution:				Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Ord	ier	7/1/2019	20.00		
Last Name		First			_L	MI
Hintz		Kar	en			C
Residential Street Address	City				State	Zip Code
103 Garden Street	Bri	istol			СТ	06010
Principal Occupation		- 1	Name of Employer			
Principal Consultant			Ventura TMS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	\$400 to a e/she is as	candi ssocia	date for a chief executive ted with have a contract of Yes No	officer of a municipality with said municipality	, <b>Am</b> o	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which of government the co	h branch d	or bra	inches	contractor? Yes No Legislative		
Method of Contribution:		I	Date Received	Aggregate Contributions		
Cash Personal Check OCredit/Debit Card Payroll Deduction OM	Ioney Ord	ler	7/1/2019	30.00		
g	URTOT	ΓΔΤ.	Section B — This	Рада 75.00		
	5 6 5			i agc		
	25 AT 15 16		itional Section B P			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L			IDUALS (Sections A in A of Summary Page T			

#### Section B ADDITIONAL PAGE \* 9 of 35

NAME OF COMMITTEE OF THE PARTY	Comment of the Commen				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	3.3		TYPE OF REPORT	_	<u> </u>
Greg Hahn for City Council			000	£, 1	ling
A. Total Contributions from Small Contributors-Received			\$0.00	<u> </u>	
(See instructions for definition of Small Contributor)	SUBTO	OTAL SECTION A	<b>\$ 5.55</b>		
B. Itemized Co	ontribi	utions from Indivi	duals		
Last Name	Firs	rst			MI
Sullivan	Sa	arah			D
Residential Street Address 155 Ashley Road	City	1		State	Zip Code
Principal Occupation	Bristo			СТ	06010
Marketing		Name of Employer ESPN			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
or dependent child of a lobbyist? On does contributor or business he/she	to a cand is associ	didate for a chief executive tated with have a contract	e officer of a municipality with said municipality	, Amo	ount of Contribution
valued at more than \$5,000?		OYes ONo		35.0	0
event reported in Section L1? No If yes, indicate which bran	anch or b	ranches	No No		
If yes, list Event # of government the contract  Method of Contribution:	ct is with	1:	Legislative	_	
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	v Order	7/2/2019	Aggregate Contributions 35.00		
Last Name	First		33.00		130
Minor		aig			МI <b>М</b>
Residential Street Address	City			State	Zip Code
88 Anderson Avenue	Bristol	· ·		CT	06010
Principal Occupation		Name of Employer			<u>t</u>
Town Planner		Newington			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she	to a cand	lidate for a chief executive	officer of a municipality	Amo	unt of Contribution
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	is associ	ated with have a contract of Yes No	with said municipality	50.0	ıO
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a liftyes indicate which brain the section L1?				7	
event reported in Section L1?  If yes, list Event #  ONO  If yes, indicate which brain of government the contract of government the governmen		_	O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	†	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/19/2019	50.00		
Last Name	First				MI
Degan  Posidential Secret Address	Jea	an			
Residential Street Address 32 Henderson St.	City Bristol	I		State	Zip Code
Principal Occupation	<u> </u>	Name of Employer		СТ	06010
Music Director		St. Joseph Church			
Is contributor a lobbyist, spouse,  Yes   If contribution is in excess of \$400 to		•	officer of a municipality	T Amo	
or dependent child of a lobbyist? On does contributor or business he/she	is associa	ated with have a contract	with said municipality		unt of Contribution
valued at more than \$5,000?  Is this contribution associated with an Yes Is contributor a principal of a s	state cont	tractor or prospective state	e contractor? OYes	50.00	3
event reported in Section L1? No If yes, indicate which bran	nch or br	ranches	<b>⊙</b> No		
Method of Contribution:  of government the contract for t			Legislative Aggregate Contributions	4	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			50.00		
			T-25 00		
SUBT	OTAL	Section B — This	Page 135.00		
TOTAL	of add	ditional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM	A 67. C		9		
		mn A of Summary Page T			

#### Section B ADDITIONAL PAGE \*/ D

of $2$	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Greg Hahn for City Council			Oct 10	6,1	ing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$0.00		
B. Itemized Co	ntrib	outions from Indivi	duals		
Last Name	F	irst			MI
Vibert	k	Karen			
Residential Street Address	City			State	Zip Code
114 Brace Avenue	Brist	ol		СТ	06010
Principal Occupation	·	Name of Employer			
Court Stenographer		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ociated with have a contract  OYes  ONo	e officer of a municipality with said municipality	y, <b>Am</b> o	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a section L1?  No  No  No  No  No  No  No  No  No  N	nch or	ontractor or prospective stat	O No		
Method of Contribution:		Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		50.00		
Last Name		rst			MI
Minor	١.	aura			S
Residential Street Address	City			State	Zip Code
88 Anderson Avenue	Bristo	ol		CT	06010
Principal Occupation		Name of Employer		L	
Staff Development Manager		Wheeler Clinic			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract  O Yes  No	e officer of a municipality with said municipality	, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Is contributor a principal of a second of government the contraction of government the contraction.	nch or	branches	e contractor?  Yes No Legislative		
Method of Contribution:			Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/19/2019	50.00		
Last Name	Fir	rst			MI
Vigue	Li	indsay			В
Residential Street Address	City			State	Zip Code
26 Avon Lane	Bristo	ol		CT	06010
Principal Occupation		Name of Employer			
Photographer		Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	officer of a municipality with said municipality	, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which bran of government the contraction of government the contraction.	ich or t	branches	e contractor?  OYes ONo  Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order	7/8/2019	250.00		
SUBT	ОТА	L Section B — This	Page 350.00		
TOTAL	of ac	dditional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM	[ IND]		+ B)	***	

### Section B ADDITIONAL PAGE 1 of 38

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		TYPE OF REPORT	
Greg Hahn for City Council			00+ 10	2,1,00
A. Total Contributions from Sm	nall Contributors-Receiv	ved this Period ONLY	200	311119
(See instructions for definition of Small C	ontributor)	SUBTOTAL SECTION A	\$0.00	
	B. Itemized Co	ntributions from Indivi	duals	
Last Name		First		MI
Stafford		Sandra		c
Residential Street Address		City		State Zip Code
441 Clark Ave, #24		Bristol		CT 06010
Principal Occupation		Name of Employer		L
Retired		Retired		
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a candidate for a chief executiv	e officer of a municipality	y, Amount of Contribution
or dependent child of a lobbyist?   No   o	does contributor or business he/she valued at more than \$5,000?	is associated with have a contract OYes ONo	with said municipality	25.00
Is this contribution associated with an You		state contractor or prospective stat	e contractor? Yes	- <sup>25.00</sup>
event reported in Section L1? N  If yes, list Event #		nch or branches	_ No	
Method of Contribution:	of government the contrac	Date Received	Legislative Aggregate Contributions	4
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	· ·	25.00	
Last Name	a Grayion Bouaction Swinney	First	23.00	
Salvatore		Pina		MI
Residential Street Address		City		State Zip Code
59 Strawberry Hill Rd		Bristol		CT 06010
Principal Occupation		Name of Employer		
n/a		n/a		
or dependent child of a lobbyist?   No dependent child of a lobbyist?	f contribution is in excess of \$400 to loss contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	Amount of Contribution 25.00
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	1 1 1		<b>⊘</b> No	
Method of Contribution:	of government the contrac	Date Received	Legislative Aggregate Contributions	4
OCash OPersonal Check Ocredit/Debit Card	d Payroll Deduction Money	1	25.00	
Last Name		First		MI
Matthews		Katherine		
Residential Street Address		City		State Zip Code
47 Prospect Pl		Bristol		CT 06010
Principal Occupation		Name of Employer		
Attorney		Gold, Levy & Poirot		
or dependent child of a lobbyist?   O  No  d	f contribution is in excess of \$400 t loes contributor or business he/she alued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	, Amount of Contribution 30.00
Is this contribution associated with an event reported in Section L1? No If yes, list Event #			e contractor?  OYes ONo  Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	┥ !
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order 7/22/2019	30.00	
	SUBT	OTAL Section B — This	Page 80.00	
		of additional Section B P		
ΤΟΤΑΙ ΟΕ ΑΙ	L CONTRIBUTIONS FROM		3	
		1 INDIVIDUALS (Sections A 13, Column A of Summary Page 1		

#### Section B ADDITIONAL PAGE \* 12 of 2 }

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	131		TYPE OF REPORT			
Greg Hahn for City Council			Out ID	$\overline{C_i}$	Naci	
A. Total Contributions from Small Contributors-Receiv	s Period ONLY	00/10	211	<del>1</del> 3		
		TAL SECTION A	\$0.00			
B. Itemized Co.	ntribu	tions from Indivi	- duals	8188		
Last Name	Firs			E	MI	
Wright	Ch	ristopher			A	
_	City			State	Zip Code	
35 Ruth St., Unit 49 Principal Occupation	Bristol			СТ	06010	
Patient Registrar		Name of Employer St. Francis Hospital				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400		•	e officer of a municinality	Amo	ount of Contribution	
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	is associ	ated with have a contract OYes ONo	with said municipality	100.		
Is this contribution associated with an Yes Is contributor a principal of a s		ractor or prospective state	e contractor? Yes	100.	.00	
event reported in Section L1?  No  If yes, indicate which bran of government the contract of government the government that government the government the government that government the government the government that g			OLegislative No			
Method of Contribution:	<u>-</u>	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	7/22/2019	100.00			
Last Name	First				MI	
Coan	Am	ıy			D	
1	City Bristol			State CT	Zip Code 06010	
Principal Occupation		Name of Employer		<u></u>	06010	
Teacher	l l	Bristol Eastern HS				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 t			e officer of a municipality	Amo	unt of Contribution	
or dependent child of a lobbyist? On does contributor or business he/she valued at more than \$5,000?	is associa	ated with have a contract  Yes  No	with said municipality	20.0		
Is this contribution associated with an Yes Is contributor a principal of a s				1		
event reported in Section L1?  If yes, list Event #  ONO  If yes, indicate which bran of government the contract of government the government the government the government the government of government the government of government the government the government the government of government the government the government the government the government of government of government the government of			• No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		8/15/2019	50.00			
Last Name Terpstra	First Kri				MI	
	City			State	Zip Code	
		orporated		CO	80550	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Yes of \$400 to does contributor or business he/she is valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which bran of government the contrac	nch or br	anches	e contractor?  OYes ONo  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	1		
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	Order	8/15/2019	20.00			
SUBT	TOTAL	Section B — This	Page 140.00			
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		/IDUALS (Sections A nn A of Summary Page 1				

#### Section B ADDITIONAL PAGE 14 13 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)			TYPE OF REPORT	1 2	三角素 计数量
Greg Hahn for City Council			octofilim			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A			\$0.00			
	72					
B. Itemize	d Con	tribi	ıtions from Indivi	duals		
Last Name		Fire				MI
Shirley		Jil	I			
Residential Street Address		ity			State	Zip Code
200 Wolfskill Street		Vinte			CA	95694
Principal Occupation Retired			Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	he/she is				/, <b>Am</b>	ount of Contribution
	al of a sta	h or b	tractor or prospective stat	e contractor? Yes No No Legislative		,,
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money (	Order	8/15/2019	50.00		
Last Name King		Firs	ary			MI F.
Residential Street Address	Ic	ity			State	Zip Code
20 Colorado		rvine			CA	92606
Principal Occupation			Name of Employer			L
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is				, <b>Am</b> o	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate whi of government the	ich branc	h or b		te contractor?  Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction	Money C	rder	8/15/2019	25.00		
Last Name Mariano		Firs M.	artin			MI
Residential Street Address	Ic	ity			State	Zip Code
31-62 29th Street, 4L		\stori	a		NY	11106
Principal Occupation			Name of Employer			
Hospitality			LOTTE NY Palace			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is				, <b>Am</b> o	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of yes, indicate while of government the	ich branc	h or b		e contractor?  O Legislative		
Method of Contribution:  Cash Personal Check OCredit/Debit Card Payroll Deduction O	Money C	Order	Date Received 8/18/2019	Aggregate Contributions 250.00		
	SUBTO	)TAI	L Section B — This	Page 325.00		
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS I (Enter total on			VIDUALS (Sections A mn A of Summary Page		* - ***	

# Section B ADDITIONAL PAGE 14

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT	55		
Greg Hahn for City Council			Campaign Oct 10 Siling				
A. Total Contributions from Sma (See instructions for definition of Small Con-	the second of th		is Period ONLY OTAL SECTION A	\$0			
	B. Itemized Con	ıtrib	utions from Indivi	duals			
Last Name		Fi					MI
Krogh		c	arol				В
Residential Street Address		City			State	Zip	Code
2 Lake Julia Drive South		Pont	e Vedra Beach		FL	32	2082
Principal Occupation			Name of Employer		<del></del>	1	
RE Broker			The Agency				
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 t es contributor or business he/she i lued at more than \$5,000?				y, <b>Am</b> o		of Contribution
Is this contribution associated with an event reported in Section L1?  No  If yes, list Event #	Is contributor a principal of a si If yes, indicate which bran of government the contract	ch or l	branches	<b>⊙</b> No			
Method of Contribution:	0. 80 . 0		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	8/18/2019	100.00			
Last Name		Fir	st	L			Тмі
Hahn			avid				G
Residential Street Address	lo	City			State	Zip	Code
145 Redwood Dr.		Bristo	ol .		CT	1 1	010
Principal Occupation			Name of Employer		<u> </u>	<u> </u>	
Registered Nurse			Hartford Hospital				
or dependent child of a lobbyist? ONO doe	contribution is in excess of \$400 to es contributor or business he/she is ued at more than \$5,000?	o a can s assoc	ididate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality	/, <b>Amo</b>		of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ch or	branches	e contractor?  Yes  No  Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction	Order	8/23/2019	100.00			
Last Name		Fir					MI
Balsam		M	lelissa				В
Residential Street Address		City			State	1 -	Code
116 Mines Road		Bristo	<u> </u>		СТ	06	010
Principal Occupation Retired			Name of Employer Retired				
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she is ued at more than \$5,000?				7, Amo		of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a st <i>If yes</i> , indicate which bran of government the contract	ch or t	oranches	e contractor?  Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney	Order	8/28/2019	25.00			
	SUBT	ОТА	L Section B — This	Page 225.00			
	TOTAL of additional Section B Pages						
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1.		IVIDUALS (Sections A umn A of Summary Page				

### Section B ADDITIONAL PAGE 15 of 33

NAME OF COMMITTEE (Provide Complete Name as Reg	istered with Filing Repository)			TYPE OF REPORT	į.	
Greg Hahn for City Council			Sampaign Octiofiling			
A. Total Contributions from Small ( See instructions for definition of Small Contribu	CO A COMPANY OF THE PROPERTY O		nis Period ONLY OTAL SECTION A	\$0.00	-	
	B. Itemized Con	ıtrib	outions from Indivi	duals		
Last Name			irst		24.78	MI
Rao		N	/laureen			*
Residential Street Address		City			State	Zip Code
233 Woodland St.		Bristo	ol		СТ	06010
Principal Occupation			Name of Employer		<u> </u>	
Systems Analyst			UHG			
or dependent child of a lobbyist?   No does co	ribution is in excess of \$400 to ontributor or business he/she at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract  OYes  No	e officer of a municipality with said municipality	, <b>Amo</b>	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	s contributor a principal of a s  If yes, indicate which bran of government the contract	ch or	branches	O No		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OF	Payroll Deduction OMoney	Order	8/28/2019	50.00		
Last Name		Fi	rst			MI
Bunn		K	atherine			J
Residential Street Address		City			State	Zip Code
19 Phelan Street		Plain	ville		CT	06062
Principal Occupation	•		Name of Employer			
Librarian			Town of Canton			
or dependent child of a lobbyist?   No does co	ribution is in excess of \$400 to ontributor or business he/she if at more than \$5,000?	o a car s assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, <b>Am</b> o	unt of Contribution
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Method of Contribution:				Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OP	Payroll Deduction	Order	8/28/2019	25.00		
Last Name		Fi	rst			MI
Hahn		D	Pavid			М
Residential Street Address		City			State	Zip Code
43 Punchbrook Rd		Burli	ngton		CT	06013
Principal Occupation	•		Name of Employer			
Retired			Retired			
or dependent child of a lobbyist? On local does co	ribution is in excess of \$400 to ontributor or business he/she i at more than \$5,000?	o a car s assoc	ndidate for a chief executive ciated with have a contract O Yes No	e officer of a municipality with said municipality	, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	contributor a principal of a si <i>If yes</i> , indicate which bran of government the contract	ch or l	branches	No		
Method of Contribution:			Date Received	Aggregate Contributions	1	
OCash Personal Check OCredit/Debit Card OP	Payroll Deduction OMoney	Order	8/28/2019	100.00		
	SUBT	ОТА	L Section B — This	Page 150.00		
	TOTAL	of ac	dditional Section B P	ages		
TOTAL OF ALL CO	ONTRIBUTIONS FROM	IND		+ B)		

#### Section B ADDITIONAL PAGE //Q

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NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT			
Greg Hahn for City Council				od in filma			
A. Total Contributions from Sm	nall Contributors-Receiv	ed th	nis Period ONLY	\$0.00	<i>.</i>	TWG	
(See instructions for definition of Small C	ontributor) S	SUBT	OTAL SECTION A	φ 0.00			
	B. Itemized Co.	ntrib	utions from Indivi	duals	14.61		
Last Name			irst			MI	
Kozikowski	•		David 				
Residential Street Address 50 Anderson Ave		City Briste	ol		State CT	Zip Code 06010	
Principal Occupation		DIISC	Name of Employer			100010	
Sales			SST				
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 to	to a car	Indidate for a chief executiv	e officer of a municipality	/, Amo	ount of Contribution	
or dependent child of a lobbyist?   O  No	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes ONo	with said municipality	40.0	•	
	es Is contributor a principal of a s	tate co		e contractor? Yes	<del>  4</del> 0.0		
event reported in Section L1?  If yes, list Event #		ich or	branches	OLegislative No			
Method of Contribution:			Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	8/28/2019	80.00			
Last Name		Fir	rst	I	!	MI	
Kolakoski		C	athy				
Residential Street Address		City			State	Zip Code	
56 Fanway Ave		Bristo			СТ	06010	
Principal Occupation Retired			Name of Employer				
			Retired				
or dependent child of a lobbyist?    No  O	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a car	ididate for a chief executive ciated with have a contract Yes  No	e officer of a municipality with said municipality	, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches	e contractor?  Yes No Legislative			
Method of Contribution:	02 80 ( 02.000 00.000			Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	d Payroll Deduction OMoney	Order	8/28/2019	25.00			
Last Name		Fin				MI	
Stebbins		P	atricia				
Residential Street Address		City	- 1		State	Zip Code	
37 Pleasant St		Bristo			СТ	06010	
Principal Occupation N/A			Name of Employer N/A				
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a can	ndidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality	, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ch or l	branches	e contractor?  OYes ONo  Legislative			
Method of Contribution:  Cash Personal Check Credit/Debit Card	d OPayroll Deduction OMoney	Order	Date Received 8/28/2019	Aggregate Contributions 45.00			
			L Section B — This	Page 85.00			
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TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page 1				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	1 2 2	inches p		
Greg Hahn for City Council			Campaign OC	ampaign octiofiling			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$0.00				
B. Itemized Co	ntri	ibutions from Indivi	duals	1123			
Last Name		First			MI		
Hahn		Marilyn			0		
Residential Street Address	City			State	Zip Code		
115G Birchwood Dr. Apt G	Bris	stol		CT	06010		
Principal Occupation	•	Name of Employer					
N/A		N/A					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a o	candidate for a chief executive sociated with have a contract OYes ONo	e officer of a municipality with said municipality	, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  Yes  Is contributor a principal of a fyes, indicate which bra of government the contra-	nch c	or branches	e contractor? Yes No  Legislative		:		
Method of Contribution:		Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Ord	er 8/28/2019	30.00				
Last Name	Т	First			MI		
King		Anne					
Residential Street Address	City			State	Zip Code		
165 Birchwood Trail	Bris	stol		CT	06010		
Principal Occupation	L	Name of Employer			<u> </u>		
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of State o	to a c	candidate for a chief executive sociated with have a contract of Yes No	e officer of a municipality with said municipality	, <b>Amo</b>	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Yes No  If yes, indicate which bra of government the contra	nch o	or branches	e contractor? Yes No Legislative				
Method of Contribution:			Aggregate Contributions	1			
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Orde	er	40.00				
Last Name	- 1	First			MI		
Hahn		Susan					
Residential Street Address	City			State	Zip Code		
3 Susan Ln	Bris	stol		СТ	06010		
Principal Occupation RN		Name of Employer					
		Bristol Hospital					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes ONO  Yes ONO  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	, Amo 25.0	unt of Contribution		
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative							
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	er 8/28/2019	25.00				
SUB1	гот	AL Section B — This	Page 55.00				
TOTAL	of	additional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A column A of Summary Page 1					

## Section B ADDITIONAL PAGE 18 of 28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
Greg Hahn for City Council			company oct 105,1149						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$0.00						
B. Itemized Co	ntri	butions from Indivi	duals						
Last Name	- 1	First			М				
Kozikowski		Mary			S				
Residential Street Address 67 Anderson Ave	City Bris	tol		State CT	Zip Code 06010				
Principal Occupation	פווט			<u></u>	100010				
Retired		Name of Employer Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a c	andidate for a chief executive sociated with have a contract OYes ONo	e officer of a municipality with said municipality	, Amo	ount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a fixed by the section L1?  If yes, list Event #	nch o	r branches	e contractor? Yes No Legislative						
Method of Contribution:		Date Received	Aggregate Contributions						
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	orde	er 828/2019	20.00						
Last Name	F	First			MI				
Baldwin		Anne			J				
	City	_		State	Zip Code				
40 N. Main St.	Bris	tol	-	CT	06010				
Principal Occupation		Name of Employer							
Retired		Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract  Yes  No	e officer of a municipality with said municipality	, <b>Amo</b>	unt of Contribution				
Is this contribution associated with an event reported in Section L1?  Yes No If yes, list Event #  Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	e contractor? Yes No Legislative						
Method of Contribution:			Aggregate Contributions	1	•				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Orde	8/28/2019	10.00						
Last Name	- 1	First		**	MI				
Nicastro		Frank 			N				
Residential Street Address	City	*~!		State	Zip Code				
80 Beleden Gardens Dr.	Bris			СТ	06010				
Principal Occupation  Retired		Name of Employer Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of State o				, Amo	ount of Contribution				
event reported in Section L1?	bution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes No If yes, indicate which branch or branches								
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Orde	Date Received 8/28/2019	Aggregate Contributions 10.00						
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TOTAL	TOTAL of additional Section B Pages								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)									

SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE 19 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT								
Greg Hahn for City Council				Ga <del>mpaig</del> n OC	oct ofiling			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$0.00			7	
B. Itemized C	ont	ribı	utions from Indivi	duals		3 2		
Last Name		Fire	st				MI	
Kozikowski		Marianne					L	
Residential Street Address	Ci	ity Sr			State	Zip	Code	
50 Anderson Ave	В	Bristol CT			060	010		
Principal Occupation	Name of Employer							
Retired Retired								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?								
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of No If yes, indicate which both of government the contributor.	rancl	ı or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney O	rder	8/28/2019	20.00	,		•	
Last Name		Firs	st				MI	
Lennon		Se	ean					
Residential Street Address	Cit	у			State	Zip (	Code	
552 S. Plains Rd Litchfield CT 06							759	
Principal Occupation Name of Employer								
Firefighter City of Bristol								
		a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Yes  No  No  20.00					f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of If yes, indicate which be of government the contributor.	ranc							
Method of Contribution:				Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey O	rder	8/28/2019	20.00				
Last Name		Firs					MI	
Breakstone		Ar	my					
Residential Street Address	Cit	-			State	Zip (		
100 Oakland St		risto	)[		СТ	060	010	
Principal Occupation			Name of Employer					
Physician			CCOG					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Yes does contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?					, <b>Am</b> 50.0		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which be of government the contributor a principal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of in the second of government the contributor apprincipal of interest in the second of government the contributor apprincipal of interest in the second of government the contributor apprincipal of interest in the second of government the contributor apprincipal of interest in the second of government the contributor apprincipal of interest in the second of government the contributor apprincipal of interest in the second of government the second of	rancl	ı or b	ranches	e contractor?  O Legislative				
Method of Contribution:  Ocash Personal Check Ocredit/Debit Card Payroll Deduction Omon	ney O	rder	Date Received 8/28/2019	Aggregate Contributions 50.00				
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			ditional Section B P					
TOTAL OF ALL CONTRIBUTIONS FRO	)M I	INDI		(A + B)				

# Section B ADDITIONAL PAGE <u>20</u> of <u>28</u>





NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		BRADING ASSESSMENT OF THE PROPERTY OF THE PROP	TYPE OF REPORT		discount and the second		
Greg Hahn for City Council			C <del>ampaig</del> n 🔿 🖰	#10	filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 0.00				
B. Itemized Co.	ntrib	utions from Indivi	duals	William Property	Statement and the contraction of		
Last Name	Fir	rst			MI		
Bunn	Su	usan			G		
Residential Street Address	City			State	Zip Code		
116 Mine Rd	Bristo	ristol			06010		
Principal Occupation		Name of Employer					
n/a		n/a					
		a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Ores  No  50.00					
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a s  If yes, indicate which brain of government the contract	nch or b	oranches					
Method of Contribution:		Date Received	Aggregate Contributions	-			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	8/16/2019	50.00				
Last Name	st			MI			
Bunn	Ct	harles	S N				
	City Bristo			State	Zip Code		
116 Mine Rd		СТ	06010				
Principal Occupation Name of Employer							
Retired Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candis assoc	didate for a chief executive intention in the contract Yes No	e officer of a municipality with said municipality		Amount of Contribution 100.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No Is contributor a principal of a section L1?  If yes, list Event #	nch or b	branches	e contractor? Yes No Legislative	_			
Method of Contribution:			Aggregate Contributions	-			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	8/16/2019	100.00				
Last Name	Fire	st			MI		
Cowdell	Ro	obin			K		
Residential Street Address	City			State	Zip Code		
29 Overlook Ave.	Bristo	ol		СТ	06010		
Principal Occupation		Name of Employer					
n/a		n/a					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	to a can	didate for a chief executive	e officer of a municipality	Amoi	unt of Contribution		
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?				50.00			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which bran of government the contract	nch or b	oranches	e contractor?  O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	8/28/2019	50.00				
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A CONTRACTOR OF THE CONTRACTOR		The second second second	ar the sur				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page '					

### Section B ADDITIONAL PAGE 21 of 28



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	rv)	TOWER OF THE PARTY	TYPE OF REPORT		The second second second		
Greg Hahn for City Council	27	ENCORPORAÇÃO DE LA CONTRACTOR DE LA CONT	Campaign-	n + 1.	of. ling		
A. Total Contributions from Small Contributors-Rec	reived this	Period ONLY		<u> </u>	or my		
(See instructions for definition of Small Contributor)		TAL SECTION A	\$0.00				
					-		
B. Itemized	Contribut	tions from Indivi	duals de la	ramani.	area en a Recentration de la constitución		
Last Name	First	SUBTINGUISTIES	REPORT CHI		MI		
Viets		liam			J		
Residential Street Address 31 Natalie Court	City Bristol			State CT	Zip Code 06010		
Principal Occupation		Name of Employer	100010				
Income Tax Preparer	i i	Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of the contributor or business here are valued at more than \$5,000?		y, Amo	ount of Contribution				
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which of government the core	branch or bra	anches	e contractor? Yes No Legislative	_			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMo		Date Received 8/28/2019	Aggregate Contributions 50.00				
Last Name	First				MI		
Gorski	Sus	an ————————————————————————————————————			M		
Residential Street Address 125 South St. Ext	City Bristol			State	Zip Code 06010		
Principal Occupation	<u> </u>						
Supervisor/Tours		Getaway Tours					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$\text{ If contribution is in excess of \$\text{\$}^2\$ does contributor or business he/valued at more than \$\text{\$}^5,000?	400 to a candid she is associate	date for a chief executive ted with have a contract  Yes  No	e officer of a municipality with said municipality	y, <b>Amo</b>	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  If yes, indicate which of government the column of the column.	branch or bra	anches	e contractor?  Yes No Legislative		·		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Model  Method of Contribution:		Date Received 8/28/2019	Aggregate Contributions 30.00				
Last Name Petosa	First	hael			MI		
Residential Street Address	City	naei		State	Zip Code		
30 Walnut St.	Bristol			CT	06010		
Principal Occupation	1	Name of Employer		<u> </u>			
Supv., Ed., Safety & Health Serv	9	St. of CT Worker's C	omp Comm				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he/valued at more than \$\frac{1}{2}\$,000?				y, Amo	ount of Contribution		
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SEEC FORM 20 Revised January 2015

#### Section B ADDITIONAL PAGE 22 of 28

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		egyan and agent and an an	TYPE OF REPORT	SERVICE LAND	e v a versamment Mary aversam	
Greg Hahn for City Council				Campaign 🔾	+ 10	Filing	
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	B. Itemized Co.	ıtrib	utions from Indivi	duals	Part Spenier	Propositi Degaler Security	
Last Name		Fir				MI	
Caron			lyse 				
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Instructor Day Program			Berocco				
or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she	o a can	ciated with have a contract	e officer of a municipality with said municipality		ount of Contribution	
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Residential Street Address		City	-1		State	Zip Code	
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Machinist		Name of Employer Haydon Kerk Patter	man				
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Last Name		Fir				MI	
Kilbourne		D	ean			В	
Residential Street Address 381 Fern Hill Rd		City Bristo	ol		State CT	Zip Code 06010	
Principal Occupation			Name of Employer				
Attorney			Kilbourne & Tully				
or dependent child of a lobbyist?   O  No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
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### Section B ADDITIONAL PAGE 33 of 38



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		was accommod throughout in	TYPE OF REPORT		HE THE SUIT	chian thinns."	
Greg Hahn for City Council			Campaign OC	+10	子,	ling	
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Last Name	Firs	st				MI	
Wright	Ga	ardner		E			
Residential Street Address	City	City State			Zip C	Code	
42 Somerset Circle	Bristo	Bristol CT			060	)10	
Principal Occupation		Name of Employer		<b></b>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
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48 Sandra St.	Bristo	l ·		СТ	060	10	
Principal Occupation		Name of Employer			l		
Grocery		ShopRite					
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80 Lakewood Circle	Bristo	i		СТ	060	)10	
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		VIDUALS (Sections A umn A of Summary Page					

# Section B ADDITIONAL PAGE 34 of 36



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	10000	。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	TYPE OF REPORT	Salara and a	ALIENSEE WEST			
Greg Hahn for City Council			Campaign ()	7 1	ofiling			
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B. Itemized Co	ntri	butions from Indivi	duals	SMATCHES	Carriera commendadas.			
Last Name	- 1	First		MI P				
Johnson Residential Street Address		Timothy						
861 Savage St	City Sou	ıthington		State	Zip Code 06489			
Principal Occupation		Name of Employer						
Teacher		Southington BOE						
	dependent child of a lobbyist? On loss contributor or business he/she is associated with have a contract with said municipal							
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Last Name Saporito		<sub>First</sub> Richard			MI			
	City			Ctata	Zip Code			
212 Stafford Ave.	Brist	tol		State CT	06010			
Principal Occupation		Name of Employer			L			
Professor University of Bridgeport								
		a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Yes  No  No  100.00						
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Residential Street Address	City			State	Zip Code			
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Principal Occupation		Name of Employer						
Firefighter		City of Waterbury						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	andidate for a chief executive cociated with have a contract  Yes  No	e officer of a municipality with said municipality	, Amo	unt of Contribution			
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SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE <u>25</u> of <u>88</u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT								
Greg Hahn for City Council			-Campaign	+ 10	-10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$0.00		J			
B. Itemized Co	ntribu	tions from Indivi	duals	tion of the				
Last Name	First				MI			
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651 Lake Ave., Unit 30	City Bristol			State CT	Zip Code 06010			
Principal Occupation		Name of Employer						
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Pelletier  Residential Street Address		nes 		G	L			
118 Stevens St.	City Bristol			State	Zip Code 06010			
Principal Occupation Name of Employer								
Officer	L	City of Bristol		- <del> </del>				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				Amo 250.	unt of Contribution			
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Last Name Hahn	First Jef	frey			MI R			
Residential Street Address	City		7.7.	State	Zip Code			
296 Stevens St.	Bristol			СТ	06010			
Principal Occupation  Retired		Name of Employer Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candi is associa	idate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, <b>Amo</b> 75.0	ount of Contribution			
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SEEC FORM 20 Revised January 2015

#### Section B ADDITIONAL PAGE Q &

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TO THE REPORT OF THE PARTY OF T	TYPE OF REPORT	Harrison	Participation of the property of the participation				
Greg Hahn for City Council		-	Gampaign O	d	10 filing			
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B. Itemized Co	ntrib	utions from Indivi	duals	Marie (Sil)	nigera Seminaria Seminaria			
Last Name	Fir	rst			MI			
Vigue	Ja	acqueline						
Residential Street Address	City			State	Zip Code			
1083 Jerome Ave.	Bristo		· · · · · · · · · · · · · · · · · · ·	СТ	06010			
Principal Occupation  Store Manager	Name of Employer  Ascena Retail Grou	n						
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400	l to a com		•		4.60.43.4			
or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	ciated with have a contract  OYes  ONo	with said municipality	75.	ount of Contribution				
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Last Name Rogers	Fir	st hristine			MI			
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Principal Occupation		Name of Employer						
Caregiver		IHSS						
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### Section B ADDITIONAL PAGE 27 of 8

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	and the second	angernerangestil gar	
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Greg Hahn for City Council			Campaign			
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Last Name	Fir		luais	and the period	MI	
Boeree		rlene				
Residential Street Address 1435 N. Windsor Ave.	City Bay S	hore		State NY	Zip Code 11706	
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1504 Country Squire Drive	Cedai			TX	78613	
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Residential Street Address 200 Wolfskill St.	City Winte	ers		State	Zip Code 95694	
Principal Occupation Retired		Name of Employer Retired			<u> </u>	
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## Section B ADDITIONAL PAGE 3 of 3



NAME OF COMMITTEE (Provide Complete Name as Registered with	th Filing Repository)	(Chine)		TYPE OF REPORT	enacente	alderije nije	areas Control Colonia
Greg Hahn for City Council				Oct 10 filing			
A. Total Contributions from Small Contributions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$0.00			
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Dresbach		Те	rry				
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10880 Wilshire Boulevard	ı l	_os Ar	ngeles		CA	9002	4
Principal Occupation			Name of Employer		<u> </u>		
Costume Designer			Sony				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?							Contribution
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<u> </u>						Zin Con	
Residential Street Address City State  1161 Heartland Rd. Placerville CA						Zip Cod 9566	
Principal Occupation			Name of Employer			<u></u>	
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#### I. MONETARY RECEIPTS (Sections A—K)

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NAME OF COM	MITTEE (Provide Comple	te Name a	is Kegisierea w	un Fuing Reposi	tory)		TYPE O	F REPORT			
		.**	C1 C	ontributio	me	from Other Con	rmittoos				
Name of Committee			<u> </u>	Unti ibutio	11.5	Name of Tr		<u> </u>			
Address					Is	this contribution associated in Section	ated with an Yes L1? , list Event #	<b>O</b> No	Amount of Contribut		
City			State	Zip Code	-	Date Received	Aggregate Contrib	utions			
Name of Committee						Name of Tre	easurer				
Address	Is this contribution associated with an Yes No event reported in Section L1?  If yes, list Event #								Amount o	f Contribution	
City			State	Zip Code		Date Received	Aggregate Contrib				
Name of Committee						Name of Tre	easurer				
Address	Is this contribution associated with an Yes No event reported in Section L1?  If yes, list Event #							Amount o	f Contribution		
City	State Zip Code Date Received Aggregate Contributions										
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Name of Committee	<u> </u>		AI SCAR CARE	s or Surpro	u.s .	Name of Tre		ittees			
Address						City			State	Zip Code	
									State	Zap Code	
Date Received	Expenditure # (if applicable)	Pay	ment Type						Amount	of Receipt	
		OF	Reimburseme	nt for shared ex	xpens	se OSurplus Distrib	oution				
Description											
Name of Committee						Name of Tre	asurer				
Address						City			State	Zip Code	
Date Received	Expenditure # (if applicable)	Pa	yment Type					1	Amount	of Receipt	
	(y approximate)		Reimburser	nent for shared	expe	ense Surplus Dist	ribution			or recorpt	
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#### I. MONETARY RECEIPTS (Sections A—K)

,)	TYPE OF REPORT		
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			
eceived this Period			
Source of Loan:  Bank Candidate C		Date of Receipt	
	State Zip Code	Is there a Cosigner or Guarantor of this loan Yes No	
		Amount Received	
	State Zip Code		
Source of Loan: Bank Candidate	Individual Other	Date of Receipt	
	State Zip Code	Is there a Cosigner or Guarantor of this loan	
		Yes No Amount Received	
	State Zip Code		
Source of Loan:  Bank Candidate	Individual Other	Date of Receipt	
	State Zip Code	Is there a Cosigner of Guarantor of this load  Yes No	
		Amount Received	
	State Zip Code		
TOTAL SECTION D			
wals of Other Committees	O Committee	aan ONI V	
uals of Other Committees	(Referendum Communi	ees ONLI)	
Date I	Received	Amount Received	
ate Zip Code Aggre	egate Contributions		
Date I	Received	Amount Received	
ate Zip Code Aggre	egate Contributions		
Date !	Received	Amount Received	
ate Zip Code Aggre	egate Contributions	-	
TOTAL SECTION E		<u> </u>	
e	Source of Loan: Bank Candidate Bank Candidate	Source of Loan: Source of Loan: Source of Loan: Source of Loan: State  S	

MMITTEE (Provide Complete Name as Registered with Filing Repository)  TY		YPE OF REPORT					
erred from Affiliated Busin	ess Treasury (Business E	ntity Committees ONLY)					
	ves, list Event #	Amount					
	ves, list Event #	Amount					
103 1/ /	ves, list Event #	Amount					
103 1/	ves, list Event #	Amount					
	TOTAL SECTION F						
ffiliated Labor Union or O	ther Organization Trea	asury (Organization Committees ONLY)					
Date of Receipt		of Receipt					
Amoun	nt	Amount					
	TOTAL SECTION G						
ds of the Candidate Receive	ed this Period (Candidate	e Committees ONLY)					
A Section 1	The decision of the second sec	Amount					
ash Personal Check	Credit/Debit Card						
		Amount					
ash Personal Check	Credit/Debit Card						
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ash Personal Check	Credit/Debit Card						
		Amount					
ash Personal Check	Credit/Debit Card						
	TOTAL SECTION H						
I. Anonymous Contributions							
	erred from Affiliated Busin In associated with an a Section L1?  Amount of the Candidate Received ash  In a Section L1?  If you have a section L1?  Amount of the Candidate Received ash  If you have a section L1?  If you have a section L1?  Amount of the Candidate Received ash  If you have a section L1?  If you have a section L1?  Amount of the Candidate Received ash  If you have a section L1?  If you have a section L1?  If you have a section L1?  Amount of the Candidate Received ash  If you have a section L1?  If you have	Perred from Affiliated Business Treasury (Business En associated with an associated with					

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Revised January 2015	IONETARY RECEIPT	S (Sections )	<b>A</b>	K)		Page 7 of 17
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
ng dan sawa						
J. In Name of Institution	terest from Deposits in Autho	rized Accour				en la deservación de la companya de La companya de la co
Admin of Angitulion			Date	Receiv	ed	Amount
Street Address	City		State		Zip Code	
Name of Institution			Date	Receiv	ed	Amount
						74mount
Street Address	City	S	State		Zip Code	
	то	TAL SECTIO	ΝJ			
K. Miscellane	ous Monetary Receipts not C	onsidered Co	ntril	butic	ns	
Name Firefly Hollow Brewing Company LLC					f Transaction 9/2019	Amount Received
Street Address 139 Center St. STE 5005	City Bristol		Stat		Zip Code 06010	200.00
Description Refund for deposit for Fund raiser that was me	oved to another venue					
Name				Date o	f Transaction	Amount Received
Street Address	City		Stat	е	Zip Code	
Description					1	
Name				Date of	Transaction	Amount Received
Street Address	City		Stat	e	Zip Code	
Description						
Name				Date of	Transaction	Amount Received
Street Address	City	· · · · · · · · · · · · · · · · · · ·	Stat	e	Zip Code	
Description						
	TOTAL	SECTION K	20	0.00		
SUMMARY OF O	THER MONETARY RECE	PTS (Section	ıs D	thro	ugh K)	
Total Loans Received this Period (Section D)					0.00	
otal Receipts from Entities other than Individuals or Other Committees (Section E)		+		0.00		
Total Amount Transferred from Affiliated Business Treasury (Section F)		+		0.00		
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)			+		0.00	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)		+		0.00		
Total Amount of Interest from Deposits in Author	rized Accounts (Section J)		+		0.00	
Total Miscellaneous Monetary Receipts not Cons	idered Contributions (Section K)		+		200.00	
(Add Sections D	Total of Oth through K) (Enter total on Line 15, Colo	er Monetary umn A of Summary	Rece Page	eipts Totals)	200.00	
			<u>-</u> -		<del></del>	

11. 12 V 121	(	JULIUM III					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
	4 T. C	•					
L1. Even	t Informat	ion					
Event # Date of Event Letter  Description				Was this a fundraising event?  Yes  No			
ocation: Street Address	City			State	Zip Code		
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Ass	sociated with a Hous	In-Kind Donations ne Party and complet s) for food, beverage	e required info	ormation for any		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If)	ves, enter Total Recei	pts here.)	\$			
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If)	yes, go to Section L3	Committees) Purchases of Advert ete required informa		a Program Book		
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If:	<i>yes</i> , enter Total Rece	ipts here.) ———>	\$			
Event # Description  Date of Event Letter	namentina makema e se tah			Was this a fi	undraising event?		
ocation: Street Address	City			State	Zip Code		
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Ass	sociated with a Hous	In-Kind Donations ne Party and complet s) for food, beverage	e required info	ormation for any		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		yes, go to Section L4 d complete required in	In-Kind Donations in formation.)	not Considered	l Contributions		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If.	<i>yes</i> , enter Total Rece	ipts here.)	\$			
Subpart 2: (Party Committees, Municipal Candidates and Political Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If.	yes, go to Section L3	Committees) Purchases of Advertete required information		a Program Book		
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If)	<i>yes</i> , enter Total Recei	ipts here.)	\$			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of D	onated Items — T	This Page				
SUBTOTAL Sect Total Rece		art 3 <i>(Town Committe</i> od Purchases — T					
	TOTAL of	additional Section	L1 Pages				
TOTAL OF ALL RECE (Enter total or		M SMALL PUR lumn A of Summary					

# II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposite	ory)		TYPE OF REPOR	Т		
	L3. Purchase	es of Advertisi	ng in a Progr	am Book or o		35		everyon and
Name of Purchaser							se Made By:	
							siness Entity	Other
Street Address			City			Inc	lividual/Sole Pi State	Zip Code
· · · · · · · · · · · · · · · · · · ·			Cally				June	_p couo
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	e	Amount of Sig	n Purchase
Name of Purchaser						Purchas	e Made By:	
							siness Entity	Other
						O Ind	lividual/Sole Pr	roprietorship
treet Address			City	<del>, , , , , , , , , , , , , , , , , , , </del>			State	Zip Code
	T	<del></del>	C All E			<del></del>		
Date Received	Event #	Aggregate Purchases	OF All Events	Amount of Pro	ogram Ad Purchas	e	Amount of Sig	n Purchase
Name of Purchaser						_	e Made By:	
						Ξ	siness Entity	Other
			Ta.			() Ind	lividual/Sole Pi	,
treet Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	e	Amount of Sig	n Purchase
Name of Purchaser				- <u>diamenta in any any any a</u>		Purchas	e Made By:	
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treet Address			City	• •			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	e	Amount of Sig	n Purchase
Name of Purchaser	1					Purchas	se Made By:	
							siness Entity	Other .
						O Ind	lividual/Sole Pi	_
treet Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purchas	e	Amount of Sig	n Purchase
					- · · · · · · · · · · · · · · · · · · ·			<del>.</del>
Tarah kanasan	l and a second		. 47.7	A46		1		
A. J. C.	SUBTOTAL Section L3 T	otal Purchases of	f Advertising in	Program Book -	— This Page			
	SUBTOTAL Sect	ion L3 Total Purc	chases of Advert	ising on a Sign -	— This Page			
			TOTAL of	additional Secti	on L3 Pages			
TOTA	L OF ALL PURCHASES (		NG IN A PROGI Line 16c, Colum					

# II. EVENT ACTIVITY (Sections L1—L5)

passions Given By: Description of Donation  Date Received  Date Received  Date Received  Event # Aggregate Value for this Event  Date Received  Event # Aggregate Value for this Event  Fair Market Value of D  State  Zap Co  State  Zap Co  State  Zap Co  State  Zap Co  State  Description of Donation  Fair Market Value of B  Date Received  Event # Aggregate Value for this Event  State  Zap Co  State  State  Zap Co  State  State  Zap Co  State  Zap Co  State  Zap Co  State  State  Zap Co  State  Zap Co  State  State  Zap Co  State  Zap Co  State  State  Zap Co  State  State  State  Zap Co  State  State  Zap Co  State  State  Zap Co  State  State  State  Zap Co  State  State  State  Zap Co  State  S	IAME OF COMMITTE	E (Provide Complete Name a	s Registered with Filing Reposi	itory)	TYPE OF REP	ORT	. War	
The of Donor Set Address Crisp State Special Space Proprietorship Date Received Special Special Special Space Proprietorship Date Received Special Special Special Special Space Proprietorship Date Received Special Special Special Special Space Proprietorship Date Received Special Spe								
Description of Donation  State   Zap Co   Date Received   Event #   Aggregate Value for this Event   Date Received   Event #   Aggregate Value for this Event   State   Zap Co   Date Received   Event #   Aggregate Value for this Event   Substitute of E   Event #   E	en de la Region de la Companya de l Companya de la Companya de la Compa		. In-Kind Donation	is Not Consid	ered Contributions			pyriese i distribution de la con- cialità di la constanti di la La constanti di la constanti d
Institute Given By: Business Entity Date Received  Description of Donation  Description of Donation  Description of Donation  City  State  Zap Co  State  Zap Co  State  Zap Co  State  Zap Co  State	ne of Donor							
mation Given By:   Description of Donation   Date Received   Event #   Aggregate Value for this Event   Event #   Aggregate Value for this Event						1 1		Ta: O I
Business Entity   Date Received   Event #   Aggregate Value for this Event   State   Zip Cd	eet Address			City			State	Zip Code
Business Entity   Date Received   Event #   Aggregate Value for this Event   State   Zip Cd								
Date   Proprietorship	nation Given By:	Description of Donation				Fair I	Market V	alue of Donatio
Sole Proprietorship ne of Donor  set Address  City  State  Zip Ct  State  State	Business Entity							
Sole Proprietorship   State   Zip Ct	) Individual	Date Received	Event #		Aggregate Value for this Event			
City   State   Zap Co	Sole Proprietorship							
Ination Given By:   Business Entity   Date Received   Event #   Aggregate Value for this Event   Fair Market Value of D	ne of Donor							
mation Given By:   Description of Donation   Description of Donation				Lav			Ctoto	7 in Code
Date Received   Event #   Aggregate Value for this Event	et Address			City			State	Zip Code
Date Received   Event #   Aggregate Value for this Event								
Date Received   Event #   Aggregate Value for this Event	nation Given By:	Description of Donation				Fair !	Market V	alue of Donatio
State   Zip Comparison of Donation   Date Received   Event #   Aggregate Value for this Event   State   Zip Comparison of Donation   Date Received   Event #   Aggregate value for this Event   Pair Market Value of Employed Date Received   Event #   Aggregate value for this Event   Pair Market Value of Employed Date Received   Event #   Aggregate value for this Event   TOTAL of additional Section L4 Pages   TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	Business Entity							
me of Donor  Set Address  City  State Zip Co  Ination Given By:  Business Entity  Individual  Sole Proprietorship  Date Received  Event #  Aggregate Value for this Event  City  State Zip Co  Aggregate Value for this Event  Fair Market Value of II  City  State Zip Co  State Zip Co  State Zip Co  Aggregate Value for this Event  Fair Market Value of II  State Zip Co  State Zip Co  Business Entity  Individual  Sole Proprietorship  Date Received  Event #  Aggregate value for this Event  Fair Market Value of II  Substitute This Page  TOTAL of additional Section L4 Pages  TOTAL of additional Section L4 Pages  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	Individual	Date Received	Event #		Aggregate Value for this Event			
Description of Donation  Description of Donation  Date Received  Date Received  Description of Donation  Date Received  Date Received  Description of Donation  Date Received  Date Received  Description of Donation  Date Received  Description of Donation  Description of D	Sole Proprietorship							
nation Given By:   Description of Donation	ne of Donor							
Business Entity Individual Sole Proprietorship  me of Donor  cet Address  City  State  Zip Comation Given By: Date Received  Event #  Aggregate Value for this Event  Fair Market Value of D  SUBTOTAL Section L4 — This Page  TOTAL Of additional Section L4 Pages  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	eet Address			City			State	Zip Code
Business Entity Individual Sole Proprietorship  me of Donor  cet Address  City  State  Zip Comation Given By: Date Received  Event #  Aggregate Value for this Event  Fair Market Value of D  SUBTOTAL Section L4 — This Page  TOTAL Of additional Section L4 Pages  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS								
Individual Sole Proprietorship  Total of All In-Kind donations Not Considered  Event # Aggregate Value for this Event  Aggregate Value for this Event  State Zip Constitution  Fair Market Value of Description of Donation  Fair Market Value of Description of Donation  Substitution  Substit  Substitution  Substitution  Substitution  Substitution  Substi		Description of Donation	· · · · · · · · · · · · · · · · · · ·			Fair	Market V	alue of Donation
Sole Proprietorship  me of Donor  State								
nation Given By: Business Entity Individual Sole Proprietorship  Substitute Total of additional Section L4 Pages  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS		Date Received	Event #		Aggregate Value for this Event			
nation Given By:  Description of Donation  Date Received  Date Received  Event #  SUBTOTAL Section L4— This Page  TOTAL of additional Section L4 Pages  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	Sole Proprietorship							
Description of Donation  Description of Donation  Date Received  Date Received  Event #  SUBTOTAL Section L4— This Page  TOTAL of additional Section L4 Pages  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	me of Donor							
Description of Donation    Description of Donation	eet Address			City			State	Zip Code
Business Entity Individual Sole Proprietorship  Date Received  Event #  SUBTOTAL Section L4— This Page  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS								
Business Entity Individual Sole Proprietorship  Substitute Total of additional Section L4 Pages  Total of All In-Kind Donations not considered Contributions	nation Given By	Description of Donation				Fair	Market V	 
Individual Sole Proprietorship  Substituting Total of All In-Kind Donations Not Considered Contributions  Aggregate value for this Event  Substituting Total of additional Section L4—This Page  Total of All In-Kind Donations Not Considered Contributions		Description of Donation				Fan	IVIAI NCI V	aluc of Donau
Sole Proprietorship  SUBTOTAL Section L4— This Page  TOTAL of additional Section L4 Pages  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS			T		A			
TOTAL of additional Section L4 Pages  TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS		Date Received	Event #		Aggregate value for this Event			
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TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS			то	TAL of addition	al Section L4 Pages			
	то	TAL OF ALL IN-KIN	D DONATIONS NOT	CONSIDERED	CONTRIBUTIONS			
(Enter total on Line 21, Column A of Summary Page Totals)			(Enter total on Line 2)	l, Column A of Su	mmary Page Totals)			

# II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (P)	ovide Complete Name as Registered with Filing Re	pository)		TYPE OF RE	PORT	
L5.	<b>In-Kind Donations Not Consid</b>	ered Contributions Associ	iated with a H	louse Par	ty	
ame of Host			committee?		0	one candidate o
reet Address		City	1 3, 3, 3, 3, 3, 3		State	Zip Code
Cot / Rudioss						
escription of Donation				Fair Ma	ket Value	of Donation
ent #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
me of Host			Is this event s committee?	Yes ON	0	
			If yes, con	mplete Itemiz	<del></del>	
eet Address		City			State	Zip Code
scription of Donation				Fain Ma	dest Value	of Donation
scription of Donation				rair Ma	rkei vaiue	or Donation
ent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
me of Host			Is this event s committee?	OYes ON	0	
			If yes, co	mplete Itemiz		
eet Address		City			State	Zip Code
escription of Donation				Fair Ma	rket Value	of Donation
ent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	: host/candidate			
me of Host			Is this event s committee?	OYes ON	o	
			If yes, co	mplete Itemiz		
eet Address		City			State	Zip Code
scription of Donation		<u>ana digunada barang sana digunada da </u>		Fair Ma	rket Value	of Donation
ent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	s host/candidate			
		SUPTOTAL Section 15	This Dags			
		SUBTOTAL Section L5 –				
	And the second s	TOTAL of additional Section				
TOTAL O ASSOCIATED WITH	F ALL IN-KIND DONATIONS N A HOUSE PARTY (Enter total of	NOT CONSIDERED CONTF n Line 22, Column A of Summar				
			**************************************			

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Reposite	ory)			ТҮРЕ О	F REPO	ORT		
Landrick Conference of the Branch Conference of the Conference of	31.5		M. In-I	Kind Con	tribution	S	il z . I was e s				
Name											
Street Address					City					State	Zip Code
Type of contributor:	Date Rece	ived	Aggregate Co	ontributions	Descripti	on of In-Kind	Contribution	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor		business he/s	00 to a candid the is associat							Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contribu  If yes,	tor a principa	al of a state conch or contract is wit	ontractor or p				PYes No	or this	Contribution
Name											
Street Address					City					State	Zip Code
Type of contributor: Committee Individual / Sole Proprietorship Other	Date Recei	ved	Aggregate Co	ontributions	Descripti	on of In-Kind	Contribution	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/	100 to a candi she is associa							Market Value Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	8 Yes No	If yes, i	indicate whic	al of a state co ch branch or ontract is with	branches	rospective st	_		OYes No		
Name											
Street Address					City					State	Zip Code
Type of contributor: Committee Individual / Sole Proprietorship Cother	Date Recei	ved	Aggregate Co	ontributions	Descripti	on of In-Kind	Contribution	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ibution is in intributor or at more than	business he/s	100 to a candi she is associa	date for a chi ted with have	ef executive a contract v	officer of a	a munic unicipa	ipality, lity		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	8 Yes No	<i>If yes</i> , i	ndicate which	al of a state co ch branch or ontract is with	ontractor or probranches	ospective st			PYes No		
			su	JBTOTAL	Section M -	— This Pa	ge				
			тот	TAL of add	itional Sect	ion M Pag	es				
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS (E	nter total on	Line 23, Colu	mn A of Sumi	nary Page T	otals)				
	N.	Refund	lable De <sub>l</sub>	posit to T	elephone	Compa	ny				
Last Name of Individual				First					MI	Date Deposi	t Made
Residential Street Address			Cit	ty			State	Zip Co	ode		Amount of Deposit
Name of Telephone Company			<u> </u>								
Street Address	· .		Cit	ty	<del>1771-1772-1771-1771-1771-1771-1771-1</del>		State	Zip Co	ode		
TOTAL SE	ECTION	N (Enter t	total on Line	24, Column	A of Summa	ry Page Tot	als)	<u> </u>			

SEEC FORM 20

### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMM	TTEE (P	1 511 51	1,		B
Greg Hahn for Ci	TTEE (Provide Complete Name as Registered wi	th Filing Repository)	TYPE OF REPORT	1 4 4	
Greg Hariii ioi Ci			Campaign		
in the state of		P. Expenses Paid by Comm	ittee	42.0	
Name of Payee  Max Pizza			Date of Payment		of Payment: ck #101
IVIAX FIZZA			7/1/2019	O Deb	
Street Address		City		State	Zip Code
108 Stafford Ave		Bristol		СТ	06010
Purpose of Expenditure (by code)	Description		Event #		Amount
(by code) FNDR	Fundraiser		0001A	369.3	39
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendation   None of the below   Coordinated with reimbursement soug   Coordinated without reimbursement so	tht (joint expenditure)	dependent	D	
Name of Payee			Date of Payment		f Payment:
Lindsay Vigue Ph	otography		7/8/2019	Chec	
Street Address		City		O Debi State	t Card © EFT Zip Code
61 East Main St.		Bristol		СТ	06010
Purpose of Expenditure	Description		Event #		Amount
(by code) A-SIGN	Head shots for signs			200.0	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendation of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	w" is checked)  lependent  anization OA OB OC O		
Name of Payee			Date of Payment	Method of	
Kim Caron			7/8/2019	© Chec	
Street Address		City		O Debit	t Card OEFT Zip Code
б9 Massachusetts	Dr.	Bristol		СТ	06010
Purpose of Expenditure (by code) RMB	Description Kim paid for Ink for her printer to	print out campaign forms	Event #	44.89	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendation   None of the below   Coordinated with reimbursement soug   Coordinated without reimbursement so	tht (joint expenditure)	dependent	D	
Name of Payee			Date of Payment	Method of	Payment:
USPS			7/13/2019	Chec	
Street Address		City	<u> </u>	O Debit	
151 N. Main St.		Bristol		State CT	Zip Code 06010
Purpose of Expenditure (by code) POST	Description Stamps for thank you notes		Event#	22.00	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendated None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	ependent anization A B C O	<b>D</b>	
And the second s		**************************************	P — This Page   636.28		
		TOTAL of additional S	ection P Pages		
		F ALL EXPENSES PAID BY Conter total on Line 19, Column A of Sum			

#### SEEC FORM 20 Revised January 2015

## Section P. ADDITIONAL PAGE

<u> </u>	of	4
		•

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT					MD498600 <sub>09</sub>	Walianderstand
Greg Hahn for City Council					) <u>0</u> ,	ling
AND POSSESSED AND AND AND AND AND AND AND AND AND AN	P. Expenses	Paid by Committee	erring a	romania (Spanisonnaling) Pribertys eratamente	Michigan Carrier	
Name of Payee Date of Payment						Payment:
Kim Caron 7/22/2019						c# <u>105</u> Card <b>©</b> EFT
Street Address		City		<del></del>	State	Zip Code
69 Massachusetts	Dr.	Bristol			СТ	06010
Purpose of Expenditure (by code) RMB	Description  Donuts for campaign mtg and thank you note	es	Event	#	Amount 93.05	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	ommittee) re)	dent	OA OB OC OD	33.03	
Name of Payee				Date of Payment	Method of I	
Primo Press				7/24/2019	Check	
Street Address		City			State	Zip Code
67 Meriden Rd		Waterbury			СТ	06705
Purpose of Expenditure (by code) A-OTH	Description Campaign shirts		Event #	<b></b>	86.14	Amount
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  Independent Organization A B C D						
Name of Payee Date of Payment						Payment:
Maureen Rao				7/26/2019	Check	
Street Address		City	-		State	Zip Code
233 Woodland St.		Bristol			СТ	06010
Purpose of Expenditure (by code) RMB	Description Door Card from Pogos Designs		Event#	<b>‡</b>	Amount 622.15	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re)	ident	OA OB OC OD		
Name of Payee				Date of Payment	Method of I	•
Staples	•			8/25/2019	Check	
Street Address		City			State	Zip Code
672 Queen St.		Southington			СТ	06489
Purpose of Expenditure (by code) FNDR	Description Drink tickets and name tags for fund raiser  Description  0002-A  30.96				Amount	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD						
	S S	SUBTOTAL Section P —	- This	Page 832.30		

#### SEEC FORM 20 Revised January 2015

## Section P. ADDITIONAL PAGE Q

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NAME OF COMMIT	and Ching the little consequence of the						
Greg Hahn for Ci	ty Council	oct.ic	siling				
Paragraph was nice a pagin.	P. Expenses	Paid by Committee	AT EAST OF SUPERIOR CONFERENCES AND LOSS OF SUPERIORS	CARL STREET, SHIPPING TO STREET, STREE			
Name of Payee			Date of Payment	Method of Payment:			
Firefly Hollow Bre	ewing Company LLC		7/25/2019	Ocheck #108 Debit Card OEFT			
Street Address		City		State Zip Code			
	139 Center St, STE 5005 Bristol						
Purpose of Expenditure (by code) FNDR	Description  Downpayment for a Fundraiser that we move	ed to a different venue	Event # 0002-A	Amount 200.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ure)	,				
Name of Payee			Date of Payment	Method of Payment:			
Party City			8/25/2019	O Check #111 O Debit Card OEFT			
Street Address	<del>and and an extendition of the second of the</del>	City		State Zip Code			
750 Queen St.		Southington		CT 06489			
Purpose of Expenditure (by code) FNDR	Description Wrist bands for fund raiser		Event # 0002-A	Amount			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required up	nless "None of the helow" is	chackad)	26.59			
(if applicable)							
Name of Payee			Date of Payment	Method of Payment:			
USPS			8/29/2019	Check #113 Debit Card EFT			
Street Address 151 North Main S	St .	City Bristol		State Zip Code CT 06010			
Purpose of Expenditure (by code)	Description Stamps for thank you notes		Event #	Amount 22.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind con	committee) ure)  Indepen	,				
Name of Payee			Date of Payment	Method of Payment:			
Better Half Brewi	ng		9/4/2019	© Check #114 © Debit Card © EFT			
Street Address		City		State Zip Code			
59 North Main St	reet	Bristol		CT 06010			
Purpose of Expenditure (by code) FNDR	Description Venue for Fundraiser on 8/25/2019		Event # 0002 - A	Amount 525.00			
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A  B  C  D							
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SEEC FORM 20 Revised January 2015

# Section P. ADDITIONAL PAGE 3 of

3_	of	4	_

NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository)	) Elizan disemperaturan research		TYPE OF REPORT	BUTTER HELDER	CONTRACTOR OF THE
Greg Hahn for Ci	ty Council			Oct. 10 Filing		
Alliantic Characterine	P. Expenses	Paid by Committee	è	Alemania (Caraban), populario (Caraban) Autos en minimos (Caraban)	erangaden	CONSTRUCTOR OF THE
Name of Payee				Date of Payment	Method of	•
Melissa Balsam				8/28/2019	Check	
Street Address		City	····		State	Zip Code
116 Mines Road		Bristol			СТ	06010
Purpose of Expenditure (by code) RMB	Description Balloons for fund raiser		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required under None of the below (does not involve another candidate or concluded to Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contr	ommittee) ure)	ndent	A OB OC OD	13.54	
Name of Payee				Date of Payment	Method of	•
Primo Press			9	9/30/2019	Check	
Street Address		City			State	Zip Code
67 Meriden Rd		Waterbury			СТ	06705
Purpose of Expenditure (by code) A-OTH	Description Campaign shirts		Event #		105.29	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) re)	ident	) A		
Name of Payee				Date of Payment	Method of I Check	•
Greg Hahn 8/15/2019					Debit	
Street Address		City			State	Zip Code
145 Redwood Dr		Bristol			СТ	06010
Purpose of Expenditure (by code)	Description For payment to Sticker Giant for labels		Event #		232.70	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or candidated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind continuous)	committee) ure)	ndent	d) A OB OC OD		
Name of Payee		-		Date of Payment	Method of	
Greg Hahn				8/28/2019	Check	
Street Address	•	City			State	Zip Code
145 Redwood Dr.		Bristol			СТ	06010
Purpose of Expenditure (by code) RMB	Description for signs from signs.com		Event #		542.20	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und  None of the below (does not involve another candidate or compared to the coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the con	ommittee) ure)	ndent	A OB OC OD		
Propagation (Laboration) and the public of the		SUBTOTAL Section P —		100		

#### SEEC FORM 20

### **Section P. ADDITIONAL PAGE**

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository	<b>)</b> process the environmental states and	anakan e	TYPE OF REPORT	digital (Special)	ng third district popularity		
Greg Hahn for City Council Oct 10 filing								
навици (м.) рейникальную акторы (фа. 10).	P. Expenses	s Paid by Committee	e	artificer (1587) service per 21 fre		megatemananan di		
Name of Payee	Method of Payment:							
Anedot 7/01/2019 - 9/30/2						Check #		
Street Address	O Debit State	Card OEFT Zip Code						
Street Address City  Anedot.com n/a						n/a		
	n/a	11/4						
Purpose of Expenditure (by code)	Description		Event #	# '		Amount		
OVHD	Processing fees for Campaign Anedot Accou	nt	٠.		71 20			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	ınless "None of the below" i	s checke	d)	71.30			
(if applicable)	None of the below (does not involve another candidate or c			- <b>y</b>				
	Coordinated with reimbursement sought (joint expenditu	ıre) 🔘 İndepe						
Y CD	Coordinated without reimbursement sought (in-kind con	tribution) Organiz		A OB OC OD	26 1 1 6			
Name of Payee				Date of Payment	Method of Payment:  Check #			
Peoples Bank				9/10/2019, 7/10/2	O Debit			
Street Address		City			State	Zip Code		
475 Broad St.		Bristol			СТ	06010		
Purpose of Expenditure	Description	1	Event #	#	<u> </u>	Amount		
(by code) BNK	Processing fees				=	Amount		
	1		10.00					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" is	s checked	d)				
	None of the below (does not involve another candidate or co							
	Coordinated with reimbursement sought (joint expenditu		_	A O B O C O D				
Name of Payee		<u> </u>		Date of Payment	Method of	Payment:		
					Check	the state of the s		
Street Address		City			O Debit State	Card EFT Zip Code		
					State			
<u>.</u>								
Purpose of Expenditure (by code)	Description		Event #	<del>‡</del>		Amount		
(4) (4)								
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	unless "None of the below"	is checke	ed)	1			
(if applicable)	None of the below (does not involve another candidate or							
	Coordinated with reimbursement sought (joint expendit	ture) 🔘 Indepe						
	Coordinated without reimbursement sought (in-kind con	ntribution) Organi	ization.C	DA OB OC OD				
Name of Payee				Date of Payment	Method of Check	-		
					O Debit			
Street Address		City			State	Zip Code		
Purpose of Expenditure	Description		Event #	#	<del> </del>	<u> </u>		
(by code)	Description		] Zvone	,		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required 1							
(i) approache)	None of the below (does not involve another candidate or c							
	Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind con							
AND SUBSECTIONS AND A SECTION		Capacita Cap	11 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DA OB OC OD	<u> </u>			
emperatural		SUBTOTAL Section P -	— This	Page 81.30				
	1913 - 1914 - 1914 - 1915 - 19			**************************************				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository  Council	TYPE OF REPORT	TYPE OF REPORT  Campaign				
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of V	Yendor, Person or Entity who candidate paid directly)	enses i aid by Canu	Date of Payment	Is reim!	oursement claimed?		
Sticker Giant		8/9/2019	0	_			
Street Address		State	Zip Code				
880 Weaver Park R	d	Longmont		со	80501		
Purpose of Expenditure (by code) PRNT	Printed Labels to update info on door hanger	Event #	Amount 232.70				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reiml	oursement claimed?		
Signs.com			8/27/2019	• Yes • No			
Street Address		City	Zip Code				
1550 South Gladio	la Street	Salt Lake City		UT	84104		
Purpose of Expenditure (by code) A-SIGN	Description Lawn Signs		Event#	Amount 542.20			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reiml	oursement claimed?		
				0	Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		<b>1</b>		
(by code)	Description		Event #		Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?		
				0	Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #		 Amount		
(by code)							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?		
					Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description		Event #	Amount			
(by code)	/				Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?		
				0	Yes 🔘 No		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount		
SUBTOTAL Section Q—This Page —7490							
	то	TAL of additional Section	Philipperchase t	į V	· V		
	TOTAL OF ALL EXP						
(Enter total on Line 26, Column A of Summary Page Totals)							

# IV. EXPENDITURES (Sections P—T)

			Than The Head of the Care of t	
Practinación como	-	ses Incurred on Committee	Credit Card	ijosijansking asistenting programati
Name of Issuing Inst	itution	Type of Credit Card:  Visa Ma	ster Card Discover	American Express Other:
Name of Vendor, Person	or Entity	•		Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendation   None of the below   Coordinated with reimbursement sou   Coordinated without reimbursement	nght (joint expenditure)	ndependent	С Ор
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure by code)	Description		Event#	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Adden None of the below Coordinated with reimbursement sou Coordinated without reimbursement	ught (joint expenditure)	independent	С 🔘 D
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure by code)	Description	<u> </u>	Event#	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendation   None of the below   Coordinated with reimbursement sou   Coordinated without reimbursement	aght (joint expenditure)	independent Organization: A OB	с Ор
		SUBTOTAL Section R	R — This Page	
		TOTAL of additional Se	ction R Pages	
TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	OTAL OF ALL EXPENSES INCU (E)	URRED ON COMMITTEE CEnter total on Line 27, Column A of Sum		
permitte in the transfer of the				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	r region seems to		
Supplies the state of the state	S. Expenses Incurred by Com	nittee but Not Paid	During this Poriod	in more expedition	10	
Name of Creditor	5. Expenses incurred by Comi	nittee put 110t 1 aiu	During this I eriou	Date Incurr	ed	
Greg Hahn	8/24/2019					
Street Address		City		State	Zip Code	
145 Redwood Dr.		Bristol		СТ	06010	
Purpose of Expenditure (by code) RMB	Description Event #  Donuts for Campaign Meeting				Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)						
Name of Creditor				Date Incurre	ed	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		ount Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continued)	Indepe				
Name of Creditor				Date Incurre	ed	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		ount Incurred mate or Actual)	
Expenditure # ((f applicable)	Type of Expenditure ( <i>Itemization in Addendum S Required in None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind conditions).</i>	Indepe		-		
		SUBTOTAL Section	S-This Page	9	.95	
	T	OTAL of additional Sec	tion S Pages	•	Ð	
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa		9	95	
	Previously reported Exp	enses Unpaid and still O	utstanding	(	7)	
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU ne 28a, Column A of Summa		9. (	75	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT								
				ct. 10 filing				
T. Itemization of Reimbursements and Secondary Payees								
Last Name of Worker/Cons	MARKET LIFE OF LIFE CO.	Fir	ED-UPBERHARDEDURESCHEDE STERLE	•	<i>y</i>	мі	Date of P	ayment to Vendor,
Caron			Kim				Person or 6/25/2	
	Entity Paid by Committee Worker/Consultant					o Reimburse Section P:	Committee V	/orker/Consultant as
Walmart					© Chec		_ 🔘 Del	oit Card OEFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code
Rte 6		Bristol					CT	06010
Purpose of Expenditure (by code) PRNT	Description Ink to print out campaign forms	Event #					44.89	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed ı	inless "None of the below" i	is checked)				•
(ij appricaore)	None of the below Coordinated with reimbursement sought (joint expertion) Coordinated without reimbursement sought (in-kind	nditi	ure)		O C			
Last Name of Worker/Cons	ultant	Fir	st			MI	Date of Parent Person or	ayment to Vendor,
Caron		Ki	m				7/13/2	•
Name of Vendor, Person or ShopRite	Entity Paid by Committee Worker/Consultant				reported in	Reimburse Section P: ck # <u>105</u>	_	orker/Consultant as
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
Rte 6		Bristol					CT	06010
Purpose of Expenditure	Description		Event #					Amount
FOOD	FOOD Donuts for Campaign mtg						7.98	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed u	nless "None of the below" i	is checked)				
(if applicable)	None of the below Coordinated with reimbursement sought (joint expertion) Coordinated without reimbursement sought (in-kind		, i	endent O	О С • в •	) () () () ()		
Last Name of Worker/Cons	ultant	Fir	st			MI	Date of P	ayment to Vendor,
Caron		Kim					7/8/20	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u> </u>					Committee V	/orker/Consultant as
Vistaprint Netherla	nds B.V.				reported in	Section P:	♠ Del	oit Card CEFT
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant		City		<b>O</b> 01.00	/II //	State	Zip Code
vistaprint.com			n/a				n/a	n/a
Purpose of Expenditure	Description			Event #				Amount
(by code) PRNT	Thank you notes						85.07	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed u	nless "None of the helow" i	s checked)				
(if applicable)	None of the below			~				
	Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind		· •	ration: o A	O B 0			
SUBTOTAL Section T — This Page 137.94								
ent de el Baseno el Core Tipo de la Corenta de		T(	OTAL of additional Sect	ion T Pag	es	Į.		
and the second s		95.645 17.01		THE STATE OF STREET	2068 -			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VC	RKERS AND CONS	ULTAN	rs  8	120	),80	2

# Section T ADDITIONAL PAGE \_ 1 \_ of \_ 1

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repos	itory)		TY	PE OF RE	EPORT		
Greg Hahn for City Council Oc					ct 10 filing			
	T. Itemization of Reir	nbu	rsements and Secon	dary Pa	yees			
Last Name of Worker/Consultant Rao			<sub>irst</sub> Naureen			MI Date of Payment to Ver Person or Entity 7/28/2019		Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant	<del>- L</del>			Payment	to Reimburse		Vorker/Consultant as
Pogos Designs Tr	ade Print					n Section P: ck # <u>107</u>	_ O Debit Card O EFT	
Street Address of Vendor, pogosdesigns.con	Person or Entity Paid by Committee Worker/Consultant		n/a				State n/a	Zip Code n/a
Purpose of Expenditure (by code)	Description Door Hanger cards	·	Event #					Amount
Expenditure # (if applicable)	iture# Type of Everything (Itanization in Addandum T Paguinad unless "None of the below" is about all						622.15	
Last Name of Worker/Con	sultant	- 1	<sup>irst</sup> ∕Ielissa			MI	Date of P Person or 7/28/2	
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant				Payment t	o Reimburse		Vorker/Consultant as
Dollar Tree					<u> شا</u>	n Section P: ck # <u>115</u>	_ <b>Q</b> Del	oit Card CEFT
	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
623 Farmington A	ve.		Bristol	·.			СТ	06010
Purpose of Expenditure (by code) FNDR	tablecloths and balloons for fundraiser  Description  Event #  0002-/					Amount 15.84		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-key)	kpendi	ture) O Indepo			) O		
Last Name of Worker/Con	sultant	F	irst			MI	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person o	Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				reported i	to Reimburse n Section P: ck #		Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #				<u> </u> Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization: O A O B O C O D							
			SUBTOTAL Section T -	— This Pa	ige 682	.88		
		Т	OTAL of additional Sec	tion T Paş	ges 1			
TOTAL OF ALI	REIMBURSEMENT TO COMMITTEE	E W	ORKERS AND CONS	SULTAN	TS	305	). 8-6	 ੨
	eren eren - Kriston er flyger eren beken fill filmfallik (f. 1875). Her flytte flyddi General fell fell fell fell fell fell flyger f General flyger flyg		og sett de legel of the entropies of the entropies. The stability				<u>پ نی ر</u>	